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35633 7590 10/01/2004

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GATEWAY, INC.
ATTN: Jeffrey A. Proehl
610 GATEWAY DRIVE, MS Y-04
N. SIOUX CITY, SD 57049

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Lori Bouluware	(Depositor's name)
<i>Lori Bouluware</i>	(Signature)
November 4, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/645,432	08/21/2003	DAN WILLIAM ELSASSER	P1929US00	8469

TITLE OF INVENTION:
SHOCK FORCE INDICATING DEVICE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1370.00	\$300	\$1670.00	01/03/2005
EXAMINER		ART UNIT	CLASS-SUBCLASS		
REIS, TRAVIS M		2859	116-203000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

JEFFREY A. PROEHL
LEONARD & PROEHL

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(B) RESIDENCE: (CITY and STATE OR COUNTRY)

GATEWAY, INC.

IRVINE, CA

Please check the appropriate assignee category or categories (will not be printed on the patent): individual corporation or other private group entity government

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(Authorized Signature) <i>J.A. Proehl</i>	(Date) NOVEMBER 4, 2004
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PTOL-R5 (REV. 04-02) Approved for use through 01/31/2004. OMB 0651-0033

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 01 FC:1501 1370.00 DA
 02 FC:1504 300.00 DA
 03 FC:8001 6.00 DA



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**Law Department
Intellectual Property
Mail Drop Y-04**

Date: November 4, 2004

**Pages: - 2 -
(Including Cover)**

To:	MS Issue Fee
Dept./Co.:	U.S. Patent Office
Fax:	703.746.4000
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CC:	
From:	Jeffrey A. Proehl, Reg. No. 35,987
Fax:	605-232-2612
Phone:	605-232-1967
RE:	Pat. App. No. 10/645,432 (Docket # P1929US00)

MESSAGE:

Transmitted herewith please find:

Part B – Fee(s) Transmittal;

CERTIFICATION UNDER 37 CFR §1.8: The undersigned hereby certifies that this correspondence is being transmitted, via facsimile, to the Commissioner of Patents, Washington, D.C., on the date indicated above, and to the proper facsimile telephone number, shown above.

Name: Lori Boulware

Signature: Lori Boulware

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